

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99082 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1887

Full Name of Deceased, William Ludloff

Sex, Male or Female, Male

Age, 37 Years, 5 Months, 1 Day

Color, White

Married, Single, Widow or Widower, Single

Occupation, cigar Manufacturer

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, 1222 N. Lombard St

Cause of Death, Pneumonia of Lungs

Duration of Last Sickness, about one & a half weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8th

Undertaker, George Schilling

Place of Business, Ashland Square

J. P. McEwen M. D. Medical Attendant.

Address, 1401 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99083 Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Valiant

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, _____ Months, _____ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1111 Mc Donough St

Cause of Death, { First (Primary), Cerebral meningitis }
{ Second (Immediate), _____ }

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9th

{ Undertaker, Geo Schilling }

{ Place of Business, Asland Square }

J. A. Warner M. D.
Medical Attendant.

Address, 1123 Valley St

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99084 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female.

(Cross out the word not required in this line.)

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower.

{ Cross out the words not
required in this line. }

Occupation,

Birth Place,

(State or country, and how
long in the United States,
(if of foreign birth.)

Duration of Residence in the City of Baltimore

Place of Death,

(Give Street and)
 { Number. {

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial

Sharp Cemetery

Date of Burial,

April 8 1887

(Undertaker,

Is We have

Place of Business

641 Howard A.

Address.

617. Shaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99085

Office of Registrar of Vital Statistics.

Ward 7

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Geise

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 64 Years, 6 Months, 15 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Labor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Europe

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, { Give Street and Number. } 1035 N Gay St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, April 9 1887

{ Undertaker, Henry Hoeck

{ Place of Business, 1023 N Central Ave

Geo. L. Siljacks M. D.

Medical Attendant.

Address, 100 N Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 29084

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, April 6 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Kate Mulligan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Ball City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lytine

Duration of Residence in the City of Baltimore, 5

Place of Death, { Give Street and Number. }

5 Enser Court,

Cause of Death, { First (Primary),

Marasmus.

Second (Immediate),

Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 8th

{ Undertaker, H. C. Wiedefeld

J. H. Robinson

M. D.

Medical Attendant.

{ Place of Business, 916 Greenmount Ave

Address, 725 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99087

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, April 6 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Loveday

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, 3 Months, _____ Days

Color, d

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cyrt's Shucker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1010 Douglas st

Cause of Death, { First (Primary), _____ Second (Immediate), Pneumonia Pulmonalis }

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Ashley Cemetery

Date of Burial, April 8 1887

{ Undertaker, William A. Dugan }

{ Place of Business, 150 East St }

E. C. Baldwin M. D.

Medical Attendant.

Address, 3042 E. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99088

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, April 7th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ardisa Cain

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 9 Months, — Days

Color, col

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Harford co. Md.

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, { Give Street and Number. }

439 S. Mount St.

Cause of Death, { First (Primary), } effects of a burn

{ Second (Immediate), } exhaustion

Duration of Last Sickness, about 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Shays St Cemetery

Date of Burial, April 10 1894

{ Undertaker, William A. Dwyer }

W. A. Jones

M. D.

Medical Attendant.

{ Place of Business, 150 East St } Address, 1432 Hollis St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99089 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4/7/87

Full Name of Deceased, Effie Moore { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 4 Months, 2 Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, New York { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1 year

Place of Death, 25 L George { Give Street and Number. }

Cause of Death, Spinal Meningitis { First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 10 1887

Undertaker, William A. Dungee G. A. Fleming M. D. Medical Attendant.

Place of Business, 130 East St Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

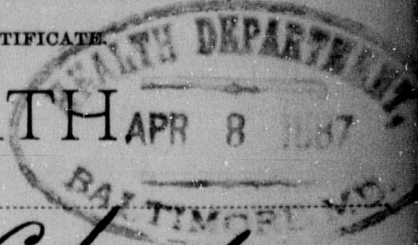
Health Department, City of Baltimore.

Permit No. 9909⁰ Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, April 6/87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Chambers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, — Years, — / 1 Months, — Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, One month

Place of Death, { Give Street and Number. } 609 1/2 N. Spring St

Cause of Death, { First (Primary), Second (Immediate), } Measles
Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, April 5 1887

Undertaker, William A. Dungee

Place of Business, 150 East St Address, 439 N. Central Ave

H. J. Lauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Board of Health, City of Baltimore,

Permit No. 99091 Office of Registrar of Vital Statistics. Ward 3^d

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, Apr 5th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E. Carey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Eighty four Years, Months, Days,

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Northumberland Co. Virginia

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give street and Number. } 1814 Fair Put Av.

Cause of Death, { First (Primary), Second (Immediate). } Cerebral pneumonia
Heart failure

Duration of Last Sickness, ten days
the above information should be furnished by the Physician.

Place of Burial, Virginia Westminster

Date of Burial, April 8th 1887

Undertaker James D. Hinkle

Place of Business, 115 West St Address, 905 Tucker St

John H. Barnes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 4622 [OVER.]